

STATE BOARD OF OPTOMETRY

2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834 P (916) 575-7170 F (916) 575-7292 <u>www.optometry.ca.gov</u>



FEE: \$25 each

REQUEST TO REPLACE LOST/STOLEN/DESTROYED LICENSE(S)

BOARD USE ONLY	
Cashiering #	
OPT#	

Pleas	Please Print or Type						
1.	License Holder Info	rmation:					
	Last	First	Middle I.				
	Business Phone#	Cell#	E-mail				
2.	License Number(s) of Each License You are Requesting to Replace:						
	OPT#:	8 ½ X 11" Engraved Wall Certificate	Number of licenses ordered:				
	OPT#:	Renewal Wall & Pocket Licenses	Fee for each license ordered:	<u>x \$25.00</u>			
	SOL#:	Renewal Wall License	Amount enclosed:				
	BOL#:	Renewal Wall License					
	FNP#:	Renewal Wall License					
3.	What Happened to the Original License(s)?						
	□ Lost □ Stolen □ Destroyed □ Other (explain)						
4.	Legal Notices:						
	Business and Professions Code (BPC) §3110(i) defines unprofessional conduct as "procuring a license by fraud, misrepresentation, or mistake." BPC §3110(u) defines unprofessional conduct as "permitting another person to use a licensee's optometry license for any purpose constitutes unprofessional conduct."						
5.	. Declaration and Signature:						
I certify under penalty of perjury under the law of the State of California that the license(s) listed above have not been given away, loaned or sold to any person, nor transferred to the possession of any person for consideration whatsoever and that the information given by me in completing this application, and any attached information, is true and I understand and agree that any misstatements of material facts herein may be cause for denial of this request and/or for subsequent suspension or revocation of my license to practice optometry in the state of California.							
		Signature of License Holder	Date				

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